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Attorney Docket Number

Complete if Known Substitute for form 1449/PTO **Application Number** INFORMATION DISCLOSURE 30240 Filing Date TBA L STATEMENT BY APPLICANT First Named Inventor Watts (Use as many sheets as necessary) Art Unit TBA Examiner Name TBA

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			U. S. PATENT DO	CUMENTS	
Examiner Initials*	Cite No.	. Document Number Number-Kind Code ^{2 (I known)}	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevan Figures Appear
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		FOREIGN	PATENT DOCU	IMENTS		
Examiner Initials*	No.1	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear	T⁰
		Country Code ³ –Number ⁴ Kind Code ⁵ (if known)				
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Examiner Signature	/Shelley Self/	Date Considered	07/16/2007
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